U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
(co ned®	-		
E S NOT S NOT S			
1. File Number U - 8240	2. Fiscal Year Covered From:		
. я	1/1/2004 Through: 12/31/2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name JOSEPH M SCHONLAU	Name BRICKLAGERS LOCAL & 1 MO		
	Labor Organization File Number 020-915		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3609 BELKER DOERLING RD.	Street 2000 MARKET ST		
City FORISTELL	City ST. Louis		
State	State ZIP Code + 4		
5. Position in labor organization. FINANCIAL SECRETAR	4		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or income.		
Name MASON CONTRACTORS ASSOCIATION	- COMPLIMENTARY TICKES DINNER DANCE		
Trade Name, if any:	1-24-04		
P.O. Box, Bidg., Room No., if any			
F.O. Box, Blog., Nooili No., II ally	7.b. Amount.		
Street 1429 S. 816 BEND			
City ST. LOUIS	dh.		
	~75.00		
State ZIP Code + 4 63]17-2203	*75,00		
100 Santa Sa			
Sign 15 Signature and verification. The understand declares under penalty of	nature Periury and other applicable penalties of the law, that all of the information		
Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)		
Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)		
Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.) On 6-10-2005 636-398-6187		
Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)		

Name of Person Filing	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
O. D	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value. 14.a. Nature of payment.				
(including trade name, if any). Name COMMERCE BANK Trade Name, if any:	3-17-04 LUNCHEON MEESING 7-9-04 GOLF AND LUNCH 10-26-04 LUNCHEON MEESING				
P.O. Box, Bidg., Room No., if any Street 8000 FORSYTH BLUD	11-23-04 HOLIDAY HAM CERTIFICATE 11-24-04 CHARIST BOYING BENEFIT				
City State MO ZIP Code + 4 63105-1797	BACKSTOBPERS POLICE / FREEMAN 12-13-04 LUNCHEON MEETING				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$37/. 77				

Name of Person Filing		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name			-		
Trade Name, if any:	a. Labor Organiza b. Trust	tion			
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City		•			
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.s. Nature of such deali	ng.			
Name	3 × 6 ×				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar valu	ue of such dealing.			
City	12.a. Nature of interest hel	d or income received.			
State ZIP Code + 4					
:					
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).	8-25-04 60	LY AND LUNCH			
1908 1900 [33]/11 [200]					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 10 STATE HOUSE SQUARE SH 13		11.1			
Cay HARSFORT					
State CT ZIP Code + 4 06/03 - 3607					
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.		4 84.38		

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization	-	
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City	•		
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	A Method		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
:			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	Q 12 2d dunied v Care		
Name GROUP HEALTH PLAN	8-13-04 LUNCH & GOLF 8-13-04 GOLF CERTIFICASE		
Trade Name, if any:	GOLP CL(C)117)CA)&		
P.O. Box, Bidg., Room No., if any			
Street III CORPORATE OFFICE DRIVE SUITE 400	,,,,		
CAY EARTH CITY			
State MO. ZIP Code + 4 63045-/506			
13.b. Is the Business an Employer / or Consultant 7	14.b. Amount of payment.	4122.85	

Name of Person Filing	File	Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name USELEANE BRICKLAUSES LOCAL >> 1 MO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2000 Market SS. City ST. Louis. State MO ZIP Code + 4 63103	9. Business deals with: a. Labor Organization b. Trust c. Employer	-			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name WELFANT BRUKLAUNG LOCALEI MD Trade Name, if any: P.O. Box, Bldg., Room No., if any	ANNUAL DECEMBEL 12-17-04	LONGHEON MEETING			
Street 2000 MARKET ST.		[6.C4.16			
	11.b. Approximate dollar value of 12.a. Nature of interest held or				
City ST. LODIS. State MO ZIP Code + 4 63103-2294	12.a. Nature of military				
:	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any					
Street		, 1			
City					
State ZIP Code + 4	, ,				

Name of Person Filing	File Number U-			
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8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a, Labor Organization	-		
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City	•			
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	e service			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
:				
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
Name MISSOURI VALLEY PARSOURS	16-8-64 GOLF & LOWC19			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any PO BOX 16901				
Street 135 N. MERAMEC AUL STR 500				
Cay (1. LOUIS	111			
State M0 ZIP Code + 4 63/05-375)				
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	⁹ 59.00		